



**Agenda
Harper County
Board Of County Commissioners
Harper County Courthouse**

A. Call To Order

B. Pledge Of Allegiance

C. Public Comment

Citizens are encouraged to speak to items on the agenda when recognized by the Chairman. Citizen desiring to speak to matters not on the agenda may do so at this time. Comments are limited to five (5) minutes and the Commission will take no action on items not on the agenda. Items introduced under Public Comment may become agenda items at a later date.

D. Approval Of Minutes

E. Payment Of Vouchers

F. Items Of Business

1. David Wiley - Community Corrections - 9:15 A.m.

- 2015 Year End Report

2. CJ Downing - 9:30 A.m.

- Executive Session - Non-Elected Personnel

3. John McClure - Road And Bridge - 9:45 A.m.

- Department Update
- Traffic Counts

Documents: [1 4-8 2016.PDF](#), [COPY OF MAP 1 4-8 2016.PDF](#)

4. Kristie Clark - HR - 10:15 A.m.

- Department Update
- Employee Evaluations

5. Lori Reedy - Appraiser - 11:00 A.m.

- Department update

6. Sherry Vierthaler - Health - 11:15 A.m.

- Department Update

Documents: [1 19 2016 BOARD REQUEST.PDF](#)

7. Michael Garrett And Kerry Nation - Horizons Mental Health - 11:30 A.m.

- Quarterly Update

8. Lunch Break - 12:00 Pm To 1:00 Pm

9. Interview - Executive Session - Non Elected Personnel -1:00 P.m.

10. Work Session - 1:30 P.m.

- Additional items as necessary

G. Correspondence

H. Adjourn

HARPER COUNTY ROAD & BRIDGE
Weekly County Commission Report
January 4-8, 2016

KENT STONEBRAKER-EAST FOREMAN

1. Excavator 635 installing x-pipe on Rd 704-25. Trucks 217, 305 & 606 hauling sand to Rd 684-24. Dozer 627 pushing up sand at the Oliver Pit. Reset downed signs.
2. Excavator 635 cleaning ditches on Rd 704-25. Dozer 627 pushing up sand at the Oliver Pit. Trucks 217, 305 & 606 hauling sand to Rd's 759-Q & U. Graders patrolling.
3. Grader 256 to Anthony Repair Shop for a service. Fixed flat tires on Truck 605 & Trailer 677. Graders patrolling. Trucks 217, 305 & 606 hauling sand to Rd's 759-Q & 746-F. Trucks 217, 305 & 606 hauling sand and stockpiling at the Harper County Landfill. Dozer 627 pushing up sand at the Oliver Pit.
4. Fixed flat tires, painted & repaired barricades, cleaned shop & fixed windshield washer on Grader 258.
5. Straightened leaning signs. Dozer 627 pushing up sand at the Oliver Pit. Fixed overhead lights at the Anthony East Shop.

JIM THOMPSON-SHOP FOREMAN

1. #118 2006 Sterling Truck, rewired tail lights. #681 2004 Chevrolet Pickup, replaced water pump & belt. #122 Cat Loader, started service job-1,492 hours.
2. #122 Cat Loader, service job-1,492 hours. DOA 2008 Ford, checked & replaced batteries. #611 1997 Ford, replaced block heater plug in.
3. #360 Cat 120M, repaired steering pivot rod. #256 JD 670G, service job-1,504 hours. #118 2006 Sterling Truck, replaced cab air ride bags. Sheriff Department 2008 Chevrolet Van, service job-replaced l/h front hub assembly ABS wiring.
4. Sheriff Department 2008 Chevrolet Van, replaced water pump. #311 1988 Chevrolet Truck, replaced & rewired tail lights.
5. #310 2006 Sterling Truck, repair tail light wiring. Checked generator at 911 Tower.

LAWRENCE SMITH-WEST FOREMAN

Graders patrolling & moving mud off of Corwin Rd. Cleaned sand out of ditches on Rd 721-Y & hauled to Rd's 708-7 & 8 to cover mud. Dozer 628 pushing & stockpiling at Seipel Pit. Excavator 632 cleaning dirt out of ditches to clear water from Rd's 721-X & Y. Reset signs on Rd's 719-V, 731-P, 739-U & 747-X.

JEFF NULIK-BRIDGE FOREMAN

1. Replaced water pump on 681. Cleaned shop.
2. Cut sheet piling for Bridge 676-7.
3. Patched plates on stringer at Bridge 713-D.
4. Checked road to Bridge 713-D. Re-checked Bridge 698-28. Checked condition of Bridges 704-3. Put in new bunks at the jail.
5. Built brackets for Graders 156 & 360.

7709	NW 170 AVE
7711	NW 160 AVE
7713	NW 150 AVE
7715	NW 140 AVE
7717	NW 130 AVE
7719	NW 120 AVE
7721	NW 110 AVE
7723	NW 100 AVE
7725	NW 90 AVE
7727	NW 80 AVE
7729	NW 70 AVE
7731	NW 60 AVE
7733	NW 50 AVE
7735	NW 40 AVE
7737	NW 30 AVE
7739	NW 20 AVE
7741	NW 10 AVE
7743	N HP CO AVE
7745	NE 10 AVE
7747	NE 20 AVE
7749	NE 30 AVE
7751	NE 40 AVE
7753	NE 50 AVE
7755	NE 60 AVE
7757	NE 70 AVE
7759	NE 80 AVE
7761	NE 90 AVE
7763	NE 100 AVE
7765	NE 110 AVE
7767	NE 120 AVE
7769	NE 130 AVE



LAWRENCE/WEST



SW 170 AVE	709
SW 160 AVE	711
SW 150 AVE	713
SW 140 AVE	715
SW 130 AVE	717
SW 120 AVE	719
SW 110 AVE	721
SW 100 AVE	723
SW 90 AVE	725
SW 80 AVE	727
SW 70 AVE	729
SW 60 AVE	731
SW 50 AVE	733
SW 40 AVE	735
SW 30 AVE	737
SW 20 AVE	739
SW 10 AVE	741
S ST. RD 179	743
SE 10 AVE	745
SE 20 AVE	747
SE 30 AVE	749
SE 40 AVE	751
SE 50 AVE	753
SE 60 AVE	755
SE 70 AVE	757
SE 80 AVE	759
SE 90 AVE	761
SE 100 AVE	763
SE 110 AVE	765
SE 120 AVE	767
SE 130 AVE	769



HARPER COUNTY

REQUEST FOR COUNTY BOARD ACTION

Items must be received in the Administrator's Office by 12:00 Noon on the Thursday prior to the scheduled meeting to be considered.

Item #: _____
(Assigned by Administrator)

Meeting Date: January 19, 2016

Department: Public Health/Home Health

Item Requested: Employee safety; and non-action items

Summary of the Issue: We had a total of three employees fall on the ice in the recent ice storm, no one was hurt seriously. One employee was off work for three days.

Background: While a plan is being developed for snow and ice removal around county offices, that will not resolve the issue of ice/snow on the streets, walking to the post office and other locations to conduct business during the day and sending staff to client homes for in-home services. Many of the in-home service clients do not have anyone available to clean their driveways, sidewalks or steps for them. Requesting that the county allow the department to purchase a type of ice cleat (yaktrax) for department employee use through a local business.

Funding: The cost per pair is approximately \$23.00 per pair at the local business and we have approximately 20 employees at the current time. The total cost would be around \$460.00 for the department and we could absorb this within the existing budget as a departmental expense.

Recommendation: This expenditure seems reasonable to provide enhanced safety and reduction of potential for injury for employees. The equipment would be checked in/out to employees on the form used in the department employee equipment log and the equipment should last several seasons depending on ice/snow frequency during work time.

Other non-action items:

- 2015 Public Health Statistics
- 2015 year end budget estimates
- Mid-year SFY 2016 grant reports
- Upcoming PHEP Exercises
 - Ebola Tabletop (Wednesday, 1/20/2016) at the Sedgwick County Extension Office, Wichita
 - Functional Exercise (Thursday, 2/11/2016) at the Westview Conference Room, Harper, - we need participation as this will count as a part of the PHEP work plan requirement.
- Meeting reminders:
 - Advisory Board Meeting – Tuesday, January 26, 2016 at noon, HCHD conference room
 - LEPC Meeting - Wednesday, January 27, 2016 at 3:00 pm, HCHD conference room
 - SKCPH Executive Board Meeting – Friday, February 5, 2016, 9-11 am at Pratt

2015 PUBLIC HEALTH STATISTICS

KIPHS REPORT (Client/Services in Date Range 01/01/2015-12/31/2015)

<u>Type of service</u>	<u>Clients</u>	<u>Procedures</u>
Adult Health Services	98	362
Child Health Services	126	352
Courier	1	24
Family Planning Services	107	1,390
Healthy Start Services/ICH	75	278
Immunization Services	461	2,061
Private Immunizations	695	2,515
REM	140	174
TB Skin Tests	95	203
WIC Services	256	804
	2054	8,163

Total Services 2015 8,163

Total Services 2014 6,491

Increase in services: 1,672

Total Services 2013 6,242

Total Services 2012 6,044

The numbers may not always be correlated from year to year though due to program changes. These counts also do not include blood pressure clinics and some other services provided through the agency.

WIC GRANT (January 1, 2015 – December 31, 2015) During this grant period we served an average of 176 individuals a month through the WIC program (compared to 182 per month in 2014).

WIC Encounters included:

<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	
1,041	992	820	919	923	933	Check Pickups
10	4	10	43	46	102	Mid Certifications
376	353	287	324	355	277	WIC Certifications
104	106	78	138	121	110	New Applications

\$ 110,501.71 - WIC funds were spent in the local grocery stores (compared to 2014 amount of \$117,325.84; 2013 amount of \$101,979.09; 2012 amount of \$97,295.55; 2011 amount of \$110,821.66; 2010 amount of \$107,544.05; 2009 amount of \$115,170.81). Gene's Heartland Foods and Larry's Hometown Market in Anthony and SPK Grocery in Harper are currently serving as WIC vendors in Harper County. Some clients choose to spend their WIC vouchers outside of Harper County and we do not have a total of WIC dollars being provided through our agency as the software does not show the origin of WIC checks in the vendor reports.

Item	YTD	Budget	2014 Actual	Budget	2015 Actual	Budget	2012 Actual	Adopted	Budget	2011 Actual	Adopted	2010 Actual	Budget	2009 Actual	Budget	2008 Actual	Budget	2007 Actual	Budget	2006 Actual	Budget	2005 Actual	Budget
PERSONNEL	12/31/2016	12/31/2015	12/31/2014	2014	12/31/2013	2013	12/31/2012	2012	2012	12/31/2011	2011	12/31/2010	2010	12/31/2009	2009	12/31/2008	2008	12/31/2007	2007	12/31/2006	2006	12/31/2005	2005
	644,222	712,283	624,554	670,708	594,374	701,445	578,883	649,242	667,103	571,142	613,900	533,011	462,360	387,791	450,892	382,780	389,800	318,205	286,000	259,592	271,000	247,771	254,500
COMMODITIES	86,485	66,500	64,428	66,000	61,281	60,500	56,382	56,400	56,400	52,387	60,000	44,784	45,000	39,943	25,000	28,881	23,000	23,022	23,000	17,145	23,000	19,365	22,000
CONTRACTUAL	14,614	18,928	15,342	21,200	21,080	24,500	20,183	26,300	26,300	17,767	30,000	20,639	20,000	20,910	40,000	14,010	45,000	24,941	38,000	39,147	38,000	32,965	37,900
CHA																							
commodities	0	0	0	0	0	0	0			0													
contractual	0	0	0	0	0	0	6,640			67													
BTH/PEP																							
commodities	432	2,500	3,064	2,500	3,643	3,100	2,043	3,000	3,000	4,469	3,500	4,633	3,500	1,465	2,500	2,258	3,000	1,784	1,500				
contractual	4,633	2,200	3,171	2,200	1,994	1,700	1,541	1,800	1,800	2,848	3,500	3,162	3,500	4,730	5,000	2,382	4,000	5,387	4,500				
EBOLA/CCIR (v)																							
commodities	217	0	0	0	0	0	0	200	200	300	500	0	500	6	500	0	500	0	800	57	800	0	700
contractual	71	0	0	0	0	0	56	600	600	983	850	365	850	590	500	617	900	282	900	418	900	493	1,700
Family Planning																							
commodities	4,881	3,650	2,765	3,600	2,948	2,700	3,157	3,400	3,400	1,719	4,000	1,838	4,000	3,063	4,000	1,856	4,000	2,455	4,000	2,838	4,000	2,820	5,200
contractual	2,388	5,750	3,979	5,300	5,141	5,500	3,832	6,300	6,300	3,785	6,500	4,705	6,500	6,559	6,000	4,898	6,000	5,478	6,000	5,104	6,000	4,973	2,100
Food Assist.																							
commodities	0	0	0	0	0	0	0			0													
contractual	0	0	0	0	0	0	86																
Home Health																							
commodities	5,116	11,500	8,208	11,500	5,011	8,500	9,953	9,000	9,000	8,396	10,000	10,171	8,700	3,125	4,500	4,644	5,500	2,328	5,000	4,729	5,000	2,437	8,800
contractual	26,108	34,200	27,983	34,200	22,911	36,200	25,672	37,300	37,300	28,546	30,000	27,875	19,800	17,803	14,000	16,128	7,000	11,123	4,000	7,027	4,000	4,166	5,200
IAP																							
commodities	70	600	553	600	422	1,500	347	1,700	1,700	385	2,400	1,082	2,400	1,382	1,000	720	500	542	600	188	600	1,732	0
contractual	838	3,100	844	3,100	1,075	2,400	2,784	2,250	2,250	2,279	4,800	2,170	4,800	2,229	3,000	3,818	3,000	3,137	3,000	2,880	3,000	2,823	0
KALHD																							
commodities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
contractual	485	0	1,845	1,000	2,086	1,000	910	1,000	1,000	1,386	1,200	2,080	1,200	1,776	1,500	522	1,500	1,429	500	1,488	500	1,070	0
MCH																							
commodities	1,246	1,600	1,238	1,600	1,688	1,400	2,897	1,550	1,550	863	1,500	1,445	1,500	628	2,000	952	2,000	1,941	4,000	889	4,000	1,118	4,100
contractual	1,927	2,000	2,238	1,600	1,980	1,800	1,094	2,050	2,050	1,509	1,700	1,464	1,700	1,892	3,000	1,142	2,000	2,334	2,000	1,277	2,000	1,405	2,600
BF																							
commodities	0	0	0	0	104	0	519	0	0	1,499	0	28,232	0	128	0	2,120	1,500	2,369	1,500				
contractual	0	0	24	0	656	0	2,887	0	0	6,185	0	88	0	487	0	1,127	1,200	1,127	1,200				
Public Health In-Home																							
commodities	1,803	6,800	2,394	6,800	5,378	7,200	9,125	11,400	11,400	4,641	4,500	13,682	3,000	6,055	2,000	1,330	10,000	312	2,500	7,830	2,500	4,072	2,800
contractual	20,747	26,100	22,089	26,100	20,775	26,800	22,889	26,300	26,300	20,319	30,000	21,681	19,550	17,218	15,000	15,102	5,000	12,273	4,000	4,366	4,000	3,733	6,700
WIC																							
commodities	200	700	825	700	795	700	1,954	800	800	1,692	1,500	238	1,500	649	1,500	549	1,500	544	2,000	643	1,000	6,438	1,000
contractual	202	1,800	1,082	1,800	1,483	1,800	1,268	1,400	1,400	1,814	1,800	5,981	1,800	2,022	1,500	867	1,500	367	2,000	875	2,500	816	900
GRANT PROGRAMS	71,552	102,500	82,082	102,500	78,088	103,100	98,954	110,050	110,050	93,805	108,250	133,242	82,800	70,488	67,500	80,823	60,900	55,170	50,600	40,767	41,400	30,449	37,300
SANITARIAN	0	0	0	0	0	0	9,400	10,000	10,000	9,400	10,000	9,400	10,000	7,050	10,000	5,450	10,000	9,400	10,000	9,400	10,000	7,050	9,000
CAPITAL OUTLAY	0	8,000	10,500	7,000	10,000	1,734	274	15,000	15,000	1,300	15,000	3,558	15,000	0	15,000	5,200	15,000	685	15,000	0	15,000	4,594	15,000
Neighborhood Park	11,740	8,654	766,406	877,960	761,833	901,279	762,886	866,992	884,863	745,801	840,304	744,634	635,160	526,182	608,392	498,144	523,500	431,423	423,600	366,051	389,400	342,224	375,800
TOTAL EXPENDITURES	816,883	920,949	786,406	877,960	761,833	901,279	762,886	866,992	884,863	745,801	840,304	744,634	635,160	526,182	608,392	498,144	523,500	431,423	423,600	366,051	389,400	342,224	375,800
FEES																							
Public Health Receipts	136,401	174,300	154,442	276,900	129,688	289,000	116,887	230,000	289,000	301,248	281,948	282,488	200,000	202,538	165,000	240,882	140,000	165,641	140,000	118,019	120,000	117,272	120,000
PH In-Home Receipts	142,874		145,104		152,208		142,835																
Total PH Service Revenue	279,275	174,300	299,546	276,900	281,894	289,000	259,722																
Home Health Receipts	124,147	170,000	134,870	200,000	117,586	210,000	182,836	210,000	210,000	212,036	176,000	102,167	80,000	108,688	80,000	72,319	80,000	67,181	70,000	73,220	85,000	72,212	65,000
Home Health Receipts	403,432	344,300	434,518	475,900	454,482	505,000	452,388	440,000	509,000	513,283	466,948	384,655	290,000	306,226	245,000	313,231	230,000	232,842	210,000	191,238	205,000	169,444	185,000
Total Service Revenues	403,432	344,300	434,518	475,900	454,482	505,000	452,388	440,000	509,000	513,283	466,948	384,655	290,000	306,226	245,000	313,231	230,000	232,842	210,000	191,238	205,000	169,444	185,000
Tax revenue	400,132	484,352	285,457	275,408	252,303	250,041	230,912	22															

2004 Actual	Budget	2004
12/31/2004	211,760	214,000
14,561	22,000	
40,055	36,800	
441	700	
759	1,950	
2,074	5,000	
2,102	2,000	
2,292	8,500	
3,946	5,000	
0	0	
0	0	
0	0	
0	0	
5,890	4,000	
1,300	2,500	
2,027	2,500	
2,656	6,500	
1,006	1,000	
2,267	900	
22,267	36,000	
11,945	39,300	
	14,490	
2,062	6,000	
302,670	331,260	
129,896	127,000	
100,037	61,600	
229,893	186,600	
48,127		
278,020		
278,020		
	2004	

FINANCIAL STATUS REPORT

Aid To Local FY16

1. Grant Name Assigned By Funding Agency State Formula 2015-2016		2. Recipient Organization Harper County Health Department			
3. Federal Employer Identification Number 486005267	4. Recipient Identifying Number 1578	5. Funding/Grant Period Start: 7/1/2015 End: 6/30/2016		6. Report Period Start: 10/1/2015 End: 12/31/2015	
7. Submitted By		8. Date Report Submitted 1/1/0001		9. FSR # 1065	
				10. Final Report No	
11. Transactions:					
		I Previously Reported		II This Period	
				III Cumulative	
a. Total Obligated (Sum of lines b and c)		N/A		N/A	
b. Payer Obligated (Award)		N/A		N/A	
c. Recipient Obligated (Match)		N/A		N/A	
Expenses:					
d. Total Payer Share of Expenses		\$1,500.00		\$1,500.00	
• Benefits/Grant Expenditure		\$0.00		\$0.00	
• Capital Equipment/Grant Expenditure		\$0.00		\$0.00	
• Contract Personnel/Grant Expenditure		\$0.00		\$0.00	
• Other/Grant Expenditure		\$0.00		\$0.00	
• Salary/Grant Expenditure		\$1,500.00		\$1,500.00	
• Supplies/Grant Expenditure		\$0.00		\$0.00	
• Travel/Grant Expenditure		\$0.00		\$0.00	
e. Total Recipient Share of Expenses		\$96,494.00		\$111,316.02	
• Benefits/Local core support, funding match		\$0.00		\$0.00	
• Benefits/Maintenance of Effort		\$23,169.00		\$18,208.09	
• Benefits/Non cash: In-Kind Contribution		\$0.00		\$0.00	
• Benefits/Revenue Expenditure		\$0.00		\$0.00	
• Capital Equipment/Local core support, funding match		\$0.00		\$0.00	
• Capital Equipment/Maintenance of Effort		\$0.00		\$0.00	
• Capital Equipment/Non cash: In-Kind Contribution		\$0.00		\$0.00	
• Capital Equipment/Revenue Expenditure		\$0.00		\$0.00	
• Contract Personnel/Local core support, funding match		\$0.00		\$0.00	
• Contract Personnel/Maintenance of Effort		\$150.00		\$150.00	
• Contract Personnel/Non cash: In-Kind Contribution		\$0.00		\$0.00	
• Contract Personnel/Revenue Expenditure		\$0.00		\$0.00	
• Other/Local core support, funding match		\$0.00		\$0.00	
• Other/Maintenance of Effort		\$2,738.00		\$3,442.39	
• Other/Non cash: In-Kind Contribution		\$0.00		\$0.00	
• Other/Revenue Expenditure		\$0.00		\$0.00	
• Salary/Local core support, funding match		\$0.00		\$0.00	
• Salary/Maintenance of Effort		\$55,218.00		\$43,122.92	
• Salary/Non cash: In-Kind Contribution		\$0.00		\$0.00	
• Salary/Revenue Expenditure		\$0.00		\$0.00	
• Supplies/Local core support, funding match		\$0.00		\$0.00	
• Supplies/Maintenance of Effort		\$14,830.00		\$45,504.78	
• Supplies/Non cash: In-Kind Contribution		\$0.00		\$0.00	
• Supplies/Revenue Expenditure		\$0.00		\$0.00	
• Travel/Local core support, funding match		\$0.00		\$0.00	
• Travel/Maintenance of Effort		\$389.00		\$887.84	
• Travel/Non cash: In-Kind Contribution		\$0.00		\$0.00	
• Travel/Revenue Expenditure		\$0.00		\$0.00	

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	(\$203,810.02)
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$4,000.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	(\$207,810.02)
Income:			
i. Total Income From Payer	\$3,500.00	\$0.00	\$3,500.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

A		B	C	D	E	F	G
1	FAMILY PLANNING QUARTERLY AFFIDAVIT						
2				Report Period:		County:	
3		Revenues		2nd Qtr. SFY 2016		Harper	
4	Last qtr. unexpended revenues	\$0.00					
5	Medicaid Payments	\$0.00					
6	Patient/Client Fees	\$42.00					
7	SHIP/Healthwave	\$0.00		Grant Funds Received this Quarter:			
8	Other Public Insurance	\$0.00		\$2,134.77			
9	Private Health Insurance	\$105.44					
10	Other - specify _____	\$0.00					
11	Total Revenue	\$147.44					
12			Box A- Local Expenditures	Box B-Revenue Expenditures	Box C-Grant Expenditures	Total Expenditures	
13	Salaries		\$3,389.25	\$147.44	\$2,134.77	\$5,671.46	\$5,671.46
14							
15	Travel, to include mtg. fees, lodging, meals		\$90.85	\$0.00	\$0.00	\$90.85	\$90.85
16							
17	Pharmaceutical Supplies (only)		\$2,383.56	\$0.00	\$0.00	\$2,383.56	
18	Other Medical Supplies		\$229.13	\$0.00	\$0.00	\$229.13	
19	Office and Other Supplies, inc. ed. Supplies		\$0.00	\$0.00	\$0.00	\$0.00	
20	Total Supply Expenditures		\$2,612.69	\$0.00	\$0.00	\$2,612.69	\$2,612.69
21							
22	DO/ARNP/PA/MD/Pharmacist/Translator		\$150.00	\$0.00	\$0.00	\$150.00	
23	Lab Fees		\$94.50	\$0.00	\$0.00	\$94.50	
24	Copies/Postage/Phone/Fax/Utilities		\$20.29	\$0.00	\$0.00	\$20.29	
25	Linen Service/Medical Waste		\$33.35	\$0.00	\$0.00	\$33.35	
26	Pt. Refund/ other reimbursements		\$0.00	\$0.00	\$0.00	\$0.00	
27	Total Category Expenditures		\$298.14	\$0.00	\$0.00	\$298.14	\$298.14
28							
29	Total Affidavit Expenditures		\$6,390.93	\$147.44	\$2,134.77	\$8,673.14	\$8,673.14
30			\$6,390.93				
31	unexpended revenues this qtr.			\$0.00	\$0.00		
32							
33	rev. 04-11	Report Prepared By:	Sherry Vierthaler, Admin.				

Family Planning Semi-Annual Report

[Submit Form](#)

Reporting Period: July 1 - December 31

Year: 2015

Clinic Name: Harper County Health Department

Contact Phone Number

Report prepared by: Sherry Vierthaler, Administrator

620-842-5132

Physician total hours client encounter time for this period: 0

ARNP/CNM/PA total hours client encounter time for this period: 29

RN total hours client encounter time for this period: 100

Chart Review Abnormal Pap Results*: FPAR Table 9

	# records sampled	# records in compliance**
Number of Pap tests with ASC or higher result in this time period	4	4
Number of Pap tests with HSIL or higher results in this time period	0	0

* Exhibit 1 - the 2001 Bethesda System (Abridged), excerpted from 2004 Title X FPAR Revisions.

** All records with abnormal pap smears (ASC or higher results) must be audited. Records must indicate notification and referral of client within six weeks.

HIV Reporting

HIV - total number of positive confidential FP tests

0

Prepare your narrative in a word document, copy and paste into the field box below. The field will expand.

Progress Report: Describe/list significant accomplishments; challenges/problems encountered; staffing changes and other pertinent information.

Education and Outreach Report: Each family planning project must provide community education and outreach based on an assessment of community needs. The report should describe/list community-specific activities designed to meet those needs and include measurable outcomes. Community education should enhance community understanding of the objectives of the project, inform potential clients of the availability of services and encourage continued participation by persons to whom family planning may be beneficial.

The Family Planning Semi-Annual Report, including the Program Narrative, should be submitted directly to Christina Flyntz, Family Planning Administrative Consultant electronically by clicking the "Submit" button above or e-mail to CFlyntz@kdheks.gov.

FAMILY PLANNING PROGRAM NARRATIVE
SCKCPH - HARPER COUNTY SITE
SEMI-ANNUAL REPORT July 1 – December 31, 2015

Progress Report

We participate in the South Central Kansas Coalition for Public Health region for Family Planning Services. 23 annual visits and 9 initial visits were completed during this report period.

Family Planning Community Education and Outreach

1. Agency will assure that skilled personnel, equipment and medical back-up services are available to provide the required services.
2. Agency advisory board meets on a quarterly basis and is involved in planning, development and evaluation of the local family planning program.
3. Agency is a member of the South Central Kansas Public Health Coalition (SCKPHC) which meets monthly to review

information in regards to Family Planning services. This group also has an advisory board that meets on a quarterly basis to guide decision making for Family Planning Services.

4. Agency has developed a brochure for Family Planning Services and will continue to make this available to medical providers and the community. Healthy Start Home Visitors include these brochures in their packets of information to pre-natal and post natal women.

5. Agency participates in local community events, including but not limited to local health fairs and the county fair. Information regarding agency programs including Family Planning Services is made available to the public at these events.

6. Staff will continue to work with school nurse and other school personnel on educating students and staff of the Family Planning Services. Brochures have been made available to the schools via the school nurse.

7. The agency will continue to be an active participant in community meetings for health care topics.

8. The agency will continue to maintain the web-pages on the Harper County website (www.harpercountyks.gov). Family Planning Service information is included on the Public Health page of this website. The agency also utilizes facebook and twitter .

9. Agency will continue to use feedback from user summary reports and client satisfaction surveys to assess community needs.

10. Agency will continue to utilize interpreters as needed to support the provision of Family Planning Services.

Community Specific Activities

During this report period we have completed the following to achieve the goals of our plan listed above:

1. Agency hired a new practitioner in May 2015 and she is working well with staff and clients having a strong background in family planning services. We have provided her with materials specific to the Family Planning Grant program. We continue to replace equipment when needed and staff attend Family Planning meetings and webinars that pertain to the services we provide as available and appropriate and as time allows. Agency continues to develop and maintain personnel, equipment and supplies to provide the required services.

2. The Harper County Health Department/Harper County Home does have a local Advisory Board for the agency that meets on a quarterly basis to guide decision making for agency services including Family Planning.

3. Agency continued to participate in agency advisory board meetings, the South Central Kansas Coalition for Public Health (SCKCPH) and SCKCPH executive board meetings.

4. The Harper County Health Department also initiated an Advisory Board for Family Planning services that will meet annually in the spring.

5. Agency continued to distribute brochures to the community, medical providers, school nursing personnel, and during Healthy Start pre-natal and post natal visits.

6. Agency provided bags of information including information regarding Family Planning Services at the Harper County Fair August 5 - August 7, 2015 and at the annual Women's Fair October 31, 2015.

6. Agency personnel continue to work with school nursing personnel at both school districts in the county and provide both with information and brochures for students and school personnel use.

7. Agency continued to participate in community meetings and grant activities to support healthy lifestyles and maintain a community resource directory.

8. Agency continues to maintain agency website at www.harpercounty.ks.gov which includes information on Family Planning services. Agency. Facebook and twitter accounts are also in use.

9. Agency continues to review user summary reports and client satisfaction surveys to assess community needs.

10. Agency continues to utilize interpreters as needed in the provision of Family Planning services. The agency currently employs two individuals who are bilingual with Spanish/English languages.

Accomplishments/Challenges

Involvement in the South Central Kansas Coalition for Public Health continues to strengthen our ability to provide family planning services in a cost efficient and enhances the quality of the services we provide. We also feel that working with community partners and other groups increases the knowledge of family planning services in the community. Our outreach efforts at local events do not seem to create any significant changes in the numbers of individuals utilizing family planning services, but it is one way of maintaining visibility for the program in the local community. We continue to use an appointment reminder system in addition to mailing appointment letters for clients that agree to this service to try to reduce the number of no shows for family planning appointments. We have had stabilization in front desk personnel during the past year but are still working on data collection issues that have been an issue during this report period.

FINANCIAL STATUS REPORT

Aid To Local FY16

1. Grant Name Assigned By Funding Agency Immunization Action Plan 2015-2016		2. Recipient Organization Harper County Health Department			
3. Federal Employer Identification Number 486005267	4. Recipient Identifying Number 1578	5. Funding/Grant Period Start: 7/1/2015 End: 6/30/2016		6. Report Period Start: 10/1/2015 End: 12/31/2015	
7. Submitted By		8. Date Report Submitted 1/1/0001	9. FSR # 1064		10. Final Report No

11. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total Obligated (Sum of lines b and c)	N/A	N/A	\$25,906.28
b. Payer Obligated (Award)	N/A	N/A	\$2,446.00
c. Recipient Obligated (Match)	N/A	N/A	\$23,460.28

Expenses:			
d. Total Payer Share of Expenses	\$611.50	\$611.50	\$1,223.00
• Benefits/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Capital Equipment/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Other/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Salary/Grant Expenditure	\$611.50	\$611.50	\$1,223.00
• Supplies/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Travel/Grant Expenditure	\$0.00	\$0.00	\$0.00
e. Total Recipient Share of Expenses	\$5,184.87	\$6,826.14	\$12,011.01
• Benefits/Local core support, funding match	\$1,476.04	\$1,857.55	\$3,333.59
• Benefits/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Benefits/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Capital Equipment/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Local core support, funding match	\$100.00	\$100.00	\$200.00
• Contract Personnel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Other/Local core support, funding match	\$180.77	\$90.65	\$271.42
• Other/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Other/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Salary/Local core support, funding match	\$3,428.06	\$4,637.06	\$8,065.12
• Salary/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Salary/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Supplies/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Supplies/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Supplies/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Travel/Local core support, funding match	\$0.00	\$140.88	\$140.88
• Travel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Travel/Revenue Expenditure	\$0.00	\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$12,672.27
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$1,223.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$11,449.27
Income:			
i. Total Income From Payer	\$1,224.00	\$0.00	\$1,224.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

FINANCIAL STATUS REPORT

Aid To Local FY16

1. Grant Name Assigned By Funding Agency Maternal & Child Health 2015-2016		2. Recipient Organization Harper County Health Department			
3. Federal Employer Identification Number 486005267	4. Recipient Identifying Number 1578	5. Funding/Grant Period Start: 7/1/2015 End: 6/30/2016		6. Report Period Start: 10/1/2015 End: 12/31/2015	
7. Submitted By		8. Date Report Submitted 1/1/0001	9. FSR # 1061		10. Final Report No

11. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total Obligated (Sum of lines b and c)	N/A	N/A	\$26,449.27
b. Payer Obligated (Award)	N/A	N/A	\$5,784.00
c. Recipient Obligated (Match)	N/A	N/A	\$20,665.27
Expenses:			
d. Total Payer Share of Expenses	\$1,446.00	\$1,446.00	\$2,892.00
• Benefits/Grant Expenditure	\$383.88	\$0.00	\$383.88
• Capital Equipment/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Other/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Salary/Grant Expenditure	\$1,008.27	\$1,446.00	\$2,454.27
• Supplies/Grant Expenditure	\$53.85	\$0.00	\$53.85
• Travel/Grant Expenditure	\$0.00	\$0.00	\$0.00
e. Total Recipient Share of Expenses	\$538.01	\$2,332.27	\$2,870.28
• Benefits/Local core support, funding match	\$0.00	\$745.92	\$745.92
• Benefits/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Benefits/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Capital Equipment/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Local core support, funding match	\$111.95	\$127.75	\$239.70
• Contract Personnel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Other/Local core support, funding match	\$190.95	\$453.65	\$644.60
• Other/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Other/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Salary/Local core support, funding match	\$0.00	\$718.59	\$718.59
• Salary/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Salary/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Supplies/Local core support, funding match	\$195.43	\$242.08	\$437.51
• Supplies/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Supplies/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Travel/Local core support, funding match	\$39.68	\$44.28	\$83.96
• Travel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Travel/Revenue Expenditure	\$0.00	\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$20,686.99
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$2,892.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$17,794.99
Income:			
i. Total Income From Payer	\$2,892.00	\$0.00	\$2,892.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

Maternal & Child Health 2015-2016

Date Generated: 01/05/2016

Harper County Health Department

Period: 07/01/2015 - 06/30/2016

Filter(s): Q2 2015; & Harper County Health Department;

Grouping A - Administration and Management

Goal: A.1 - Applicant Structure/Overview

Status: 0% Complete

List staff changes this quarter: No staffing changes this quarter for public health services. Sherry Vierthaler, Administrator remains the primary point of contact for MCH services at: harperhealth@harpercountyks.gov

Goal: A.2 - Capacity Building and Accountability

Status: 0% Complete

Strategy: A.2.1 - Build Internal Capacity

Status: 0% Complete

Requirement: A.2.1.1 - Attend Governor's Public Health Conference

Status: 0% Complete

Requirement: A.2.1.2 - Provide Orientation and Training of New Staff

Status: 0% Complete

Requirement: A.2.1.3 - Develop a Method for Recruiting, Selecting and Training Staff

Status: 0% Complete

Requirement: A.2.1.4 - Use Evidence-based Counseling Services, Intervention Services or Curricula

Status: 0% Complete

Requirement: A.2.1.5 - Assure Cultural Competence within All Services

Status: 0% Complete

Strategy: A.2.2 - Coordinate and Communicate Local Work with State Staff

Status: 0% Complete

Requirement: A.2.2.1 - Submit Affidavit of Revenues and Expenditures Quarterly

Status: 0% Complete

Requirement: A.2.2.2 - Submit Narrative Reports Quarterly

Status: 0% Complete

Requirement: A.2.2.3 - Submit Aggregate Client Data Quarterly

Status: 0% Complete

Requirement: A.2.2.4 - Participate in Technical Assistance Calls and Webinars

Status: 0% Complete

Requirement: A.2.2.5 - Participate in Site Monitoring Visits as Requested

Status: 0% Complete

Goal: A.3 - Program Evaluation Process

Status: 0% Complete

Strategy: A.3.1 - Develop a Program Assessment Process to Ensure Services are Provided as Proposed

Status: 0% Complete

Requirement: A.3.1.1 - Utilization of continuous quality improvement process

Status: 0% Complete

Requirement: A.3.1.2 - Develop and maintain program policies and procedures that are based on program standards and guidelines

Status: 0% Complete

Grouping B - Data and Information

Goal: B.1 - Describe Program Data Collection Method

Status: 0% Complete

Goal: B.2 - Collect Data Accurately and Report on a Timely Basis

Status: 0% Complete

Strategy: B.2.1 - Collect Minimum Required Data Elements

Status: 0% Complete

Strategy: B.2.2 - Track Participant Information by Identified Categories

Status: 0% Complete

Grouping C - Evaluation

Goal: C.1 - Measure Program Effectiveness

Status: 0% Complete

Describe any changes this quarter: No changes in staffing or service provision for Maternal Child Health services during this quarter.

How do you know your program is effective and meeting identified needs?: We collect data on MCH visits at the time services are completed. The HSHV has not completed the number of HSHV as we have in past years during the first half of this grant year. This may be due to the fact that the current HSHV performs multiple tasks as a front desk clerk for the agency. We will continue to discuss MCH services and accountability standards in upcoming staff meetings. Of the five Healthy start visits completed this quarter, we received five MCH client satisfaction surveys with high marks of being very satisfied by the service. Our agency does serve as the primary resource coordination point in the community and we strive to be aware of other resources that could be of benefit to the clients we serve, as well as the general public. We are looking forward to having the capability to collect the data needed through DAISEY to enhance our accountability and plan to collect the data in KIPHS and import into DAISEY later this year.

Strategy: C.1.1 - Develop Goals, Objectives and Outcome Measures

Status: 0% Complete

Strategy: C.1.2 - Monitor Progress on Meeting Community Needs

Status: 0% Complete

Strategy: C.1.3 - Measure Client Satisfaction

Status: 0% Complete

Grouping D - Interventions to Improve Public Health

Goal: D.1 - Population Served**Status:** 0% Complete**Number of Clients receiving MCH funded services this quarter****Prenatal/Pregnant Woman:** 3**Post-Partum Woman:** 2**Woman (18-44 years):** 0**Infant (<1 year):** 2**Child (1-11 years):** 11**Adolescent (12-22 years):** 0**Of the Infants, Children and Adolescents above:****How many have Special Health Care Needs:** 0**Setting of Visit****In the Home:** 6**In the Clinic:** 12**In the Hospital:** 0**In Other Community Settings:** 0**Strategy: D.1.1 - Number Served****Status:** 0% Complete**Strategy: D.1.2 - Service Area****Status:** 0% Complete**Strategy: D.1.3 - Services to Undocumented/Uninsured Population****Status:** 0% Complete**Goal: D.2 - Provide Services Based on Community Need****Status:** 0% Complete**Strategy: D.2.1 - Community Demographic Information****Status:** 0% Complete**Strategy: D.2.2 - Identify and Describe Gaps in Services, Disparities, Community Needs to be Targeted****Status:** 0% Complete**Strategy: D.2.3 - Community Needs Assessment****Status:** 0% Complete**Goal: D.3 - Address Priority Areas found at http://www.kdheks.gov/doc_lib/MaternalAndChildHealthServices.html****Status:** 0% Complete**Goal: D.4 - Population Domains and Related Issues****Status:** 0% Complete

Strategy: D.4.1 - Women's/Maternal Health**Status: 0% Complete**

Describe progress/activities towards reaching program objectives this quarter: The HSHV completed 2 prenatal home visits, 1 prenatal office visit and two postnatal home visits during this quarter. The HSHV gave resource information for health care providers and insurance providers as none of these clients indicated having both insurance and a health care provider. 2 of these individuals had applied for Medicaid and applications were pending and 3 individuals indicated a health care provider but no insurance coverage. 2 of the prenatal women indicated they were currently smoking and did not accept a referral to Quitline or other resource information; the one postpartum individual who indicated that she was smoking did accept a referral to Quitline. Only one of the 3 prenatal women indicated they planned to breastfeed following the birth of their child and one of the postpartum women attempted breastfeeding after the birth of her child and reported problems with latching and switched to formula. The other postpartum mother opted not to breastfeed. We have provided breastfeeding classes, promotional materials and incentives to mothers who breastfeed so the results for breastfeeding for this quarter were disappointing. We have a new breastfeeding class provider that will be offering a one evening two hour course on a quarterly basis in our community, whereas in the past we had a two evening four hour course provided biannually. It will be interesting to see if this change increases participation during the coming year.

Activity: D.4.1.1 - Well Woman Care**Status: 0% Complete****Activity: D.4.1.2 - Low-risk Cesarean Deliveries****Status: 0% Complete****Strategy: D.4.2 - Perinatal/Infant Health****Status: 0% Complete**

Describe progress/activities towards reaching program objectives this quarter: During this report period we served a total of 31 infants (less than one year old) for all public health services (primarily immunizations - 30 and child health - 1). 29 caregivers of infants served identified having a medical home with a payor source and primary provider. Referral information for medical providers and insurance options were provided to the two infant caregivers who indicated they did not have a medical home. The Healthy Start Home Visitor also made three prenatal and two postnatal visits during this report period. Our agency does not include immunization services in the MCH grant activities, but we do obtain information regarding medical home on all clients served through basic public health programs.

Activity: D.4.2.2 - Breastfeeding**Status: 0% Complete****Activity: D.4.2.3 - Safe Sleep****Status: 0% Complete****Strategy: D.4.3 - Child Health****Status: 0% Complete**

Describe progress/activities towards reaching program objectives this quarter: For Children we served a total of 97 children from age 1 - 11 during this grant period (primarily through immunizations and child health services). 93 of the 97 caregivers of children indicated they had a medical home and resource information regarding medical providers and insurance options were given to the remaining 4 caregivers of children. Of the children in this report period, BMI measurements were recorded for a total of six children between the ages of 1 - 11; three of the children measured at a healthy BME and three measured as overweight by BMI. There were none that measured obese or underweight in this grant period.

Our agency does not include immunization services in the MCH grant activities, but we do obtain information regarding medical home on all clients served through basic public health programs.

Activity: D.4.3.1 - Developmental Screening**Status: 0% Complete****Activity: D.4.3.2 - Injury****Status: 0% Complete****Activity: D.4.3.3 - Physical Activity****Status: 0% Complete**

Strategy: D.4.4 - Adolescent Health**Status: 0% Complete**

Describe progress/activities towards reaching program objectives this quarter: During this grant period we served a total of 37 adolescents in the age group 12-22 (primarily for immunization services). Of this number 35 clients/caregivers indicated they had a medical home and resource information was given regarding medical providers and insurance options to the remaining two clients/caregivers. We did not measure BMIs for any adolescents during this reporting period. The primary reason is that during flu vaccination season, we basically provide immunization services and do not try to provide additive services for individual seeking immunizations only during flu vaccination season such as taking height/weight due to lack of staff and time.

Our agency does not include immunization services in the MCH grant activities, but we do obtain information regarding medical home on all clients served through basic public health programs.

Activity: D.4.4.1 - Adolescent Well Visits**Status: 0% Complete****Activity: D.4.4.2 - Bullying****Status: 0% Complete****Activity: D.4.4.3 - Injury****Status: 0% Complete****Activity: D.4.4.4 - Physical Activity****Status: 0% Complete****Strategy: D.4.5 - Children with Special Health Care Needs****Status: 0% Complete**

Describe progress/activities towards reaching program objectives this quarter: We do not have a mechanism in place to designate children with special health care needs separately from the rest of population we serve. Staff are familiar with resources to assist parents/caregivers with obtaining information and support for special health care needs and do make referrals when appropriate.

Activity: D.4.5.1 - Medical Home**Status: 0% Complete****Activity: D.4.5.2 - Transition****Status: 0% Complete****Strategy: D.4.6 - Cross-cutting/Life Course****Status: 0% Complete**

Describe progress/activities towards reaching program objectives this quarter: Employees do provide referral information for oral health, smoking cessation and medical home (adequate insurance coverage) in the course of service provision.

Describe progress/activities towards reaching program objectives this quarter: Employees do provide referral information for oral health, smoking cessation and medical home (adequate insurance coverage) in the course of service provision.

Activity: D.4.6.1 - Oral Health**Status: 0% Complete****Activity: D.4.6.2 - Smoking****Status: 0% Complete****Activity: D.4.6.3 - Adequate Insurance Coverage****Status: 0% Complete****Goal: D.5 - Service Provision****Status: 0% Complete**

Goal: D.6 - Education**Status: 0% Complete****Number of instances education was provided to clients this quarter****Alcohol/Substance Abuse: 0****Behavioral Health (other than Postpartum Depression): 0****Breastfeeding: 5****Bullying: 0****Child Development: 0****Car seat safety/installation: 0****Family Violence: 0****Father Involvement: 0****Health Care Coverage/Medicaid: 14****Immunizations: 2****Infant Care: 0****Injury Prevention/Safety: 0****Labor/Childbirth: 1****Lifestyle Risk Factors/Prenatal Exposure: 5****Medical Home: 14****Nutrition: 3****Oral Health: 0****Parenting: 0****Postpartum Care: 0****Postpartum Depression: 0****Preconception/Interconception: 0****Prenatal Care: 1****Preterm Labor: 0****Reproductive Health/Family Planning: 2****Safe Sleep: 0****Smoking Cessation/Second-hand Exposure: 5****State/Local Resources: 5****Suicide Prevention: 0****Teen Pregnancy Prevention: 0****Weight Management: 0****Well Child/Adolescent: 0****Well Woman/Man: 0**

If specific # of instances is not known, list topics covered: We currently do not have a system to accurately capture data requested so data reported is only from documented information. Staff address a lot of issues during client visits, but do not have a good system for recording the information provided. The HSHV also provides a lot of written material regarding different issues that is left with the client.

Goal: D.7 - Home Visitation Services**Status: 0% Complete**

Goal: D.8 - MCH Referrals**Status:** 0% Complete**Number of Referrals this quarter****CRISIS/EMERGENCY SERVICES:****Child Protection:** 0**Domestic Violence:** 0**Rape/Sexual Assault:** 0**Suicide Prevention:** 0**EDUCATION SERVICES:****Early Childhood Services (Head Start, PAT):** 0**GED/High School Completion:** 0**Parenting Education:** 0**Prenatal Education:** 0**HEALTH SERVICES:****Behavioral Health:** 0**Breastfeeding:** 3**Cancer Treatment/Diagnosis:** 0**Dental:** 0**Developmental Assessment/Screening:** 0**Diabetes Management:** 0**Early Childhood Intervention (Part C, Tiny-K):** 0**Follow-up for Abnormal Pap Test:** 0**Follow-up to Clinical Breast Exam:** 0**Hearing:** 0**HIV Treatment:** 0**Immunizations:** 3**Nutrition, including WIC:** 3**Out of County MCH/HSBV:** 0**Prenatal:** 3**Postpartum:** 2**Reproductive Health/Family Planning:** 2**Smoking Cessation:** 1**Special Health Care Needs:** 0**Speech/Language:** 0**Vision:** 0**Weight Management:** 0**Other Medical:** 1**SOCIAL SERVICES:****Cash Assistance:** 1**Child Care Subsidy:** 0**Employment Resources:** 0

Food/Food Stamps, excluding WIC: 2

Health Care Coverage: 14

SUPPORT SERVICES/SYSTEMS

Adoption Counseling: 0

Alcohol/Substance Abuse: 0

Child Care: 0

Clothing: 5

Housing Assistance: 1

Legal Assistance: 0

Transportation: 2

Utilities Assistance: 1

Youth Services: 0

List any Referrals this quarter not listed above (include Medical Home): We currently provide a lot of referral services through the agency, but do not systematically track the referrals as they are made except what has been required for CVRs and HSHV.

Goal: D.9 - MCH Challenges/Barriers

Status: 0% Complete

Describe challenges encountered this quarter: Not having a system in place to collect and track the data required for the new grant reporting format.

What steps are you taking to address the identified challenges this quarter?: Evaluating what changes need to be made in our collection system for KIPHS to import data into DAISEY.

Grouping E - Communications and Promotions

Goal: E.1 - Increase Public Awareness of Services and Generate Buy-in

Status: 0% Complete

Outreach activities this quarter

Check all that apply: Community Needs Assessment; Health Fairs; Distribution of Agency Brochures; Immunizations Outreach

Other outreach activities provided this quarter that are not included above: During this quarter we participated in a Women's Fair on October 31, 2015 that served over 200 women and provided information on public health services/topics including agency brochures with MCH information. We continue to maintain an absenteeism reporting system with local schools and have provided a number of outreach flu vaccination clinics in the local community. We assisted both Anthony Medical Center and Harper Hospital District Number 5 in the completion of a community health needs assessment completed in December. We continue to make referrals to local and state assistance programs and other resources available in the community and work to maintain relationships with those resources. We do not have a tracking mechanism in place for the information requested below.

Total Served in all Outreach Activities above:

Prenatal/Pregnant Woman: 0

Post-Partum Woman: 0

Woman (18-44 years): 0

Infant (<1 year): 0

Child (1-11 years): 0

Adolescent (12-22 years): 0

Strategy: E.1.1 - Promote Services to Community

Status: 0% Complete

Strategy: E.1.2 - Planned Outreach Activities

Status: 0% Complete

Strategy: E.1.3 - Target and Recruit Clients

Status: 0% Complete

Grouping F - Partnerships

Goal: F.1 - Develop Key Collaborative Partnerships

Status: 0% Complete

Describe collaborative work with partners including new partnerships to fill gaps in services this quarter: We continue to work with school personnel, child/day care providers and other local agencies in our community. We completed a CHNA with both local hospitals during this reporting period.

Goal: F.2 - Engage Schools and Boards of Education in Service Provision

Status: 0% Complete

Describe any school collaboration this quarter: We have good communication with both school districts and have provided outreach flu clinics for school personnel that have difficulty taking time to get to our office during working hours. We continue to monitor absenteeism rates with all schools in our county. School nursing personnel continue to work with our staff to ensure students are appropriately vaccinated.

Goal: F.3 - Develop Referral Sources for Related Services

Status: 0% Complete

FINANCIAL STATUS REPORT

Aid To Local FY16

1. Grant Name Assigned By Funding Agency Public Health Emergency Preparedness 2015-2016		2. Recipient Organization Harper County Health Department			
3. Federal Employer Identification Number 486005267	4. Recipient Identifying Number 1578	5. Funding/Grant Period Start: 7/1/2015 End: 6/30/2016		6. Report Period Start: 10/1/2015 End: 12/31/2015	
7. Submitted By		8. Date Report Submitted 1/1/0001	9. FSR # 1067		10. Final Report No

11. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total Obligated (Sum of lines b and c)	N/A	N/A	\$12,084.65
b. Payer Obligated (Award)	N/A	N/A	\$10,125.00
c. Recipient Obligated (Match)	N/A	N/A	\$1,959.65
Expenses:			
d. Total Payer Share of Expenses	\$2,531.00	\$2,531.25	\$5,062.25
• Benefits/Grant Expenditure	\$332.00	\$445.67	\$777.67
• Capital Equipment/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Other/Grant Expenditure	\$0.00	\$788.31	\$788.31
• Salary/Grant Expenditure	\$2,199.00	\$1,224.82	\$3,423.82
• Supplies/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Travel/Grant Expenditure	\$0.00	\$72.45	\$72.45
e. Total Recipient Share of Expenses	\$1,358.26	\$2,286.61	\$3,644.87
• Benefits/Local core support, funding match	\$469.00	\$0.00	\$469.00
• Benefits/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Benefits/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Capital Equipment/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Other/Local core support, funding match	\$800.70	\$2,286.61	\$3,087.31
• Other/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Other/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Salary/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Salary/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Salary/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Supplies/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Supplies/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Supplies/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Travel/Local core support, funding match	\$88.56	\$0.00	\$88.56
• Travel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Travel/Revenue Expenditure	\$0.00	\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$3,377.53
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$5,062.75
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	(\$1,685.22)
Income:			
i. Total Income From Payer	\$0.00	\$0.00	\$0.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

2015-2016 Public Health Emergency Preparedness Local Health Department Work Plan

WORK PLAN PROGRESS REPORTS WILL BE SUBMITTED TO PREPAREDNESS@KDHEKS.GOV

Progress Period (Check One)		Contact Information				
<input type="checkbox"/> Period 1 covers July 1, 2015 – September 30, 2015 and is due October 15, 2015. <input checked="" type="checkbox"/> Period 2 covers October 1, 2015 – December 31, 2015 and is due January 15, 2016. <input type="checkbox"/> Period 3 covers January 1, 2016 – March 31, 2016 and is due April 15, 2016. <input type="checkbox"/> Period 4 covers April 1, 2016 – June 30, 2016 and is due July 15, 2016.		County: Harper Contact Person: Sherry Vierthaler Contact E-mail: harperhealth@harpercountyks.gov Contact Phone: 620-842-5132				
Description of Tasks		Progress				
1	A local health department representative will attend healthcare coalition meetings at least quarterly. The Regional Public Health Preparedness Coordinator may attend in the local health department's place as its designee. (<i>Capability 1: Community Preparedness</i>)	Quarter 1 Attendee: <u>Virginia Downing, Regional Coordinator</u> Quarter 2 Attendee: <u>Virginia Downing, Regional Coordinator</u> Quarter 3 Attendee: _____ Quarter 4 Attendee: _____				
2	Provide input for the HPP Program Measures, the Healthcare Coalition Developmental Assessment, and submit information for the Joint Performance Measures during healthcare coalition meetings. (<i>Capability 1: Community Preparedness</i>) Participate in at least one annual exercise at the regional- or county-level as defined below: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>Budget Period</i> <i>Capability</i></p> <p><i>BP 4 (2015-2016): Capability 6 or 11 and/or 12</i> <i>Tabletop, Functional, or Full-Scale</i></p> <p><i>BP 5 (2016-2017): Capability 5 or 7 and/or 14</i> <i>Tabletop, Functional, or Full-Scale</i></p> </div> <div style="width: 50%;"> <ul style="list-style-type: none"> Serving in an observer role does not meet the participation requirement. CRI counties (health department and hospitals) must participate in the full-scale exercise once during the five-year grant cycle. PHEP and HPP grantees (not within a CRI) must participate in a functional exercise once during the five-year grant cycle. The functional exercise should be planned and conducted in collaboration with hospitals and other community partners. Exercise activity should be aligned with the HSEEP process. The functional and full-scale exercise must demonstrate objectives in: <ul style="list-style-type: none"> Capability 3 – Emergency Operations Coordination Capability 6 – Information Sharing Capability 10 – Medical Surge Continuity of Healthcare Operations <ul style="list-style-type: none"> Capability 1 – Function 3 Capability 2 – Function 2 All exercises must address the needs of at-risk individuals </div> </div>	Capability(ies) Exercised: _____ Type: <input type="checkbox"/> Tabletop <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Full-Scale <input type="checkbox"/> Real Event <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Date of Exercise/Event</th> <th style="width: 50%;">Date of AAR/IP</th> </tr> <tr> <td style="text-align: center;">2/11/2016</td> <td></td> </tr> </table> Functional Exercise scheduled for 2/11/2016	Date of Exercise/Event	Date of AAR/IP	2/11/2016	
Date of Exercise/Event	Date of AAR/IP					
2/11/2016						
3	To the extent possible, local health departments are encouraged to conduct and plan jointly with additional health and medical stakeholders/supporting organizations, emergency management, and other partners to meet community exercise requirements. To complete this requirement, an After Action Report/Improvement Plan (AAR/IP) for the exercise must be uploaded as an attachment via Catalyst following the exercise. The BP 4 (2015-2016) exercise must be completed by May 13, 2016. Real events may count for exercise credit as long as they are approved by KDHE prior to submission of an AAR/IP.					
4	A local health department representative will assure local ESF 8 or LEPC planning meetings are held at least twice per year to work with health and medical partners in order to strengthen community preparedness and response activities to include Fatality Management, Mass Care, and Responder Safety & Health.	Date Mass Fatality Section Submitted in Bold/Catalyst: _____ Date Gaps/Needs Submitted to KDHE & RCS: _____				

2015-2016 Public Health Emergency Preparedness Local Health Department Work Plan

WORK PLAN PROGRESS REPORTS WILL BE SUBMITTED TO PREPAREDNESS@KDHEKS.GOV

<p>C. sharing purposes by June 30, 2016. (<i>Capability 5: Fatality Management</i>)</p> <p>Review and discuss the Mass Care Health and Medical Toolkit. Local health departments will submit feedback to their assigned Public Health Regional Coordinator and copy the assigned Regional Hospital Coordinator by May 1, 2016. (<i>Capability 7: Mass Care</i>)</p>	<p>Date Mass Care Resource Guide Reviewed & Discussed: _____</p> <p>Date Feedback Shared with RC: _____</p>
<p>5</p> <p>A. Participate in CHEMPACK and CESSL training either in person at Healthcare Coalition meetings or online via KS-TRAIN. Healthcare coalition agendas and sign in sheets will be submitted to KDHE by the Healthcare Coalition coordinators. (<i>Capability 14: Responder Safety & Health</i>)</p> <p>B. Review ESF 8 Annex to ensure information on how to request and access CHEMPACK and CESSL are included. Updated ESF 8 Annex should be uploaded to Bold by June 30, 2016. (<i>Capability 14: Responder Safety & Health</i>)</p> <p>Local health department will continue to:</p> <p>A. Participate in periodic Regional Public Health Preparedness meetings. (<i>Capability 1: Community Preparedness</i>)</p> <p>B. Keep contact information on KS-HAN up to date. (<i>Capability 6: Information Sharing</i>)</p> <p>C. Respond to quarterly KS-HAN drills. (<i>Capability 6: Information Sharing</i>) 11/19/2015 & 12/7/2015</p> <p>D. Assure 24/7 epidemiological contact information is kept current and is shared with KDHE. (<i>Capability 13: Public Health Surveillance & Epidemiological Investigation</i>)</p> <p>E. Assure designated staff complete ICS 100, 200, 300, 400, 700 and 800b classes per ICS training requirements. (<i>Capability 1: Community Preparedness; Capability 3: Emergency Operations Coordination</i>)</p> <p>F. Ensure that priority communication services are available in an emergency, including maintaining an always-on high-speed internet connection (<i>Capability 3: Emergency Operations Coordination</i>)</p> <p>G. Have available signed shared resource agreements. (<i>Capability 1: Community Preparedness</i>)</p> <p>H. Maintain a website where information can be posted and accessed by members of the public. (<i>Capability 4: Emergency Public Information & Communication; Cross-Cutting</i>)</p> <p>I. Assure that annual fit testing for PPE for local health department staff is completed per KDHE guidance and in compliance with the revised OSHA respirator standard, 29 CFR 1910.134, adopted April 8, 1998. (<i>Capability 14: Responder Safety & Health</i>)</p> <p>J. Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least three years.</p> <p>K. Capital equipment includes purchases of \$5,000 and above and/or with a lifespan of greater than a year. (<i>Administrative</i>)</p> <p>L. Take or renew packaging and shipping certification class, available on KS-TRAIN, every two years (<i>Packaging and Shipping Division 6.2 Materials 2015, Course #1058172 & KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures, Course #1050287</i>). (<i>Capability 12: Public Health Laboratory Testing</i>)</p> <p>M. Maintain an inventory control system for tracking capital equipment and electronic devices. (<i>Administrative</i>)</p> <p>N. Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to preparedness. (<i>Administrative</i>)</p> <p>O. Annually review and submit any changes or updates to the Mass Dispensing SOG. If no updates are warranted, submit a "No Update" letter to KDHE. (<i>Capability 8: Medical Countermeasure Dispensing & 9: Medical Material Management and Distribution</i>)</p>	<p>a. Dates of Meetings: <u>7/10/2015;8/7/2015;9/4/2015;10/2/2015;11/6/2015;12/11/2015</u></p> <p>b. Date of last KS-HAN Update: <u>12/15/2015</u></p> <p>c. Responded to Q1 Drill: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Responded to Q2 Drill: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Responded to Q3 Drill: <input type="checkbox"/> Yes <input type="checkbox"/> No Responded to Q4 Drill: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. 24/7 Epi Contact Up to Date with KDHE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. ICS Trainings Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Priority comms. services available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Signed resource agreements available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h. Public website maintained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>i. Annual fit testing completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>j. Reports and invoices available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>k. Certified in packaging & shipping? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>l. Inventory control system available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6</p>	



2015-2016 Public Health Emergency Preparedness
Local Health Department Work Plan

WORK PLAN PROGRESS REPORTS WILL BE SUBMITTED TO PREPAREDNESS@KDHEKS.GOV



	<p>m. PDs/time/attendance records available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>n. Mass Dispensing SOG up to date or "No Update" letter submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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December 1, 2015

CFDA #: 93.074

FOA #: CDC-RFA-TP12-120104CONT15

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
PUBLIC HEALTH EMERGENCY PREPAREDNESS - EBOLA SUPPLEMENT
April 1, 2015 - September 30, 2016
AFFIDAVIT OF EXPENDITURES

Agency Name and
Phone Number
Reporting Period:

Harper county Health Department 620-842-5132
Period 3 (October 1, 2015 - December 31, 2015)

EXPENDITURE CLASSIFICATION	Local Match Amount	Line Totals
Salaries (including fringe benefits) - List name and percentage/hours paid out of Preparedness Funds		
S. Vierthaler, .02 FTE		\$ 346.54
Salary Total	\$ -	\$ 346.54
Travel (mileage, hotel, tolls, parking, per diem)		
Travel Total	\$ -	\$ -
Supplies (list office and medical supplies separately)		
Supplies Total	\$ -	\$ -
Equipment (list total cost of each item)		
Equipment Total	\$ -	\$ -
Contractual		
Contractual Total	\$ -	\$ -
Other (list each item/cost)		
Other Total	\$ -	\$ -
Affidavit Total	\$ -	\$ 346.54

The local agency administrator below certifies that this report is in agreement with the agency official accounting records and that individual employee time reports are maintained documenting time charged to this program and that any match claimed, was not provided with Federal funding.

Administrator: Sherry Vierthaler, Admin.

Date: 1/6/2016



Public Health Emergency Preparedness
Local Health Department Ebola Supplemental Work Plan
WORK PLANS SHOULD BE SUBMITTED TO PREPAREDNESS@KDHEKS.GOV



Progress Period (Check One)		Contact Information
<input type="checkbox"/> Period 1 covers April 1, 2015 – June 30, 2015 and is due July 15, 2015.		County: Harper County
<input type="checkbox"/> Period 2 covers July 1, 2015 – September 30, 2015 and is due October 15, 2015.		Contact Person: Sherry Vierthaler
<input checked="" type="checkbox"/> Period 3 covers October 1, 2015 – December 31, 2015 and is due January 15, 2016.		Contact E-mail: harperhealth@harpercountyks.gov
<input type="checkbox"/> Period 4 covers January 1, 2015 – March 31, 2015 and is due April 15, 2016.		Contact Phone: 620-842-5132
<input type="checkbox"/> Period 5 covers April 1, 2016 – June 30, 2016 and is due July 15, 2016.		
<input type="checkbox"/> Period 6 covers July 1, 2016 – September 30, 2016 and is due October 15, 2016.		
Description of Tasks		Progress
1	Local health departments will conduct a tabletop exercise to test their Ebola preparedness and response capabilities. (Note: If an AAR/IP showing substantial effort can be produced.) (Capability 1: Community Preparedness) Plan to participate in 19 County Region TTX on January 20, 2016.	Date of Exercise: Planning after 7/1/2016 Date AAR/IP was submitted to KDHE: _____
2	Purchase personal protective equipment (PPE) for localized use. Local health departments should purchase PPE based upon CDC guidelines. (Capability 14: Responder Safety & Health)	Date PPE was added to CRMCS: _____ Training certificate or sign in sheet? Kim Bauer, RN, Jennilee Wedman, RN, Sherry Vierthaler, Admin. attended 7/15/2015 at Pratt. Certificates on file.
3	Local health department clinicians or those who will have direct patient contact will participate in KDHE hosted regional PPE trainings. TEEX Course PER-320 – Personal Protective Measures for Biological Events will also count for work plan credit. (Capability 14: Responder Safety & Health)	
4	Local health departments will participate in KDHE provided refresher training on proper cleaning and disinfecting procedures related to disease control and prevention. Clinicians and/or any health department staff that would be responsible for providing direct patient care should take this training. The training will be offered on KS-TRAIN, however, there is not a Course # at this time. (Capability 14: Responder Safety & Health)	Training certificate or sign in sheet? Waiting on course to become available.
5	Local health departments will participate in KDHE hosted regional Ebola Risk Communications trainings. Local health departments should send their Administrator and/or PIO to these trainings. Other trainings will not be accepted in lieu of this KDHE Ebola Risk Communications Training. These trainings will take place in the Spring of 2016. (Capability 4: Emergency Public Information & Warning/Information Sharing)	Training certificate or sign in sheet? Waiting on course to become available.
6	If a local health department hires a new staff member that will be engaged in patient monitoring, the staff member must undergo the active monitoring training module for EpiTrax (KS-TRAIN Course #1054335). (Capability 13: Public Health Surveillance and Epidemiological Investigation)	Name(s) of Employee(s) trained and date of training, as applicable No new employees engaged in patient monitoring this report period. _____

Ebola (EVD) Table Top Exercise

Sponsored By The
South Central Kansas Health Care Coalition

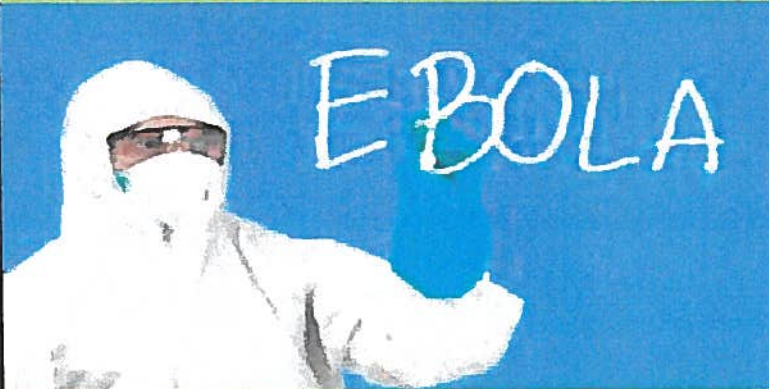
Wednesday, January 20th, 2016

10:00 a.m. to 2:00 p.m.

**Sedgwick County Extension Center
7001 W. 21st North, Wichita, Ks 67205**

Register on KS-TRAIN Course # 1060046

Target Audience:
Hospital, Public Health,
Emergency Management, EMS,
Behavioral Health, Fatality
Management, Long Term Care
& Other ESF 8 Response Partners



County Team Participation Is Strongly Encouraged!

Participants Are Encouraged To Bring
KDHE's EVD Plan & Their County's
Community Disease Containment Plan

**A CHEMPACK & CESSL Presentation Will
Take Place At 10:00 Before The Start Of The
Exercise**

Exercise Objectives:

- ▣ **Discuss how agencies will coordinate and implement emergency response activities to manage patients diagnosed with EVD.**
- ▣ **Discuss how agencies will coordinate with local and state agencies to share and disseminate EVD incident related information.**
- ▣ **Identify the factors that affect the ability to deliver non-pharmaceutical interventions— focusing on disease containment & surveillance.**
- ▣ **Discuss how agencies will protect employees during monitoring and providing care of EVD patients.**



Exercise working out of your county EOC
To Recover after your community is hit by a tornado

All responder agencies will be kept busy during this exercise;
Hospital, Public Health, Emergency Management, EMS, Fire, Law
Enforcement, Public Works, VOADS, Animal Health.

SAVE THE DATES

Barber CountyFebruary 11
Harper County.....February 11
Edwards County.....February 11
Pratt County.....February 12
Kiowa County.....February 12
Kingman County.....February 12

**Disaster
Recovery
Exercise**

**Functional
Exercise
working
out of an
EOC**

**County Wide
for all
Responders**

**All county
ESF8
partners
invited to
attend**

**HSEEP
Compliant
Meets All
Grant
Guidance**

**FOR MORE
INFORMATION
CONTACT:
VIRGINIA DOWNING
COATS1960@
GMAIL.COM**

**Harper County Health Department/Harper County Home Health Agency
Advisory Board Meeting Agenda**

Tuesday, January 26; Noon to 1:00 p.m.

HCHD Conference Room

- I. Introductions
- II. Review January 26, 2016 Agenda
- III. Review October 27, 2015 Minutes
- IV. Guest – Angela Bentley – Harper County Community Hope
- V. 2016 Community Health Needs Assessment
- VI. 2016 Public Health/In-Home/Home Health Stats
- VII. Current Business:
 - a. Public Health Program updates
 - i. WIC
 - 1. NSP for BF plan to involve other businesses to develop lactation policies for the workplace.
 - ii. Family Planning
 - 1. Grant requiring additional data entry on clients – planning to import data as opposed to dual entry.
 - iii. Immunizations
 - 1. Immunizations updates
 - iv. Maternal Child Health/Healthy Start Home Visitor Service
 - 1. Planning to complete this grant through June 30, 2016 but do not plan to apply for 2016-2017 due to increased grant requirements.
 - v. Disease Investigation/Animal Bites
 - 1. Epi Trax system issues
 - vi. Public Health Emergency Preparedness
 - 1. Completed regional Ebola TTX at WMC on 1/20/2016
 - 2. Functional exercise planned for Thursday, February 11, 2016 from 10am – 2 pm at the Westview Conference Room in Harper – please attend if you are able to do so.
 - 3. Emergency Manager update
 - vii. Basic PH services – continue blood pressure clinics & basic services in office settings in all three communities.
 - viii. Environmental Services Update
 - 1. Environmental Service Technician update
 - 2. Health Department collects fees for services and makes deposits
 - b. In-Home Service Program Updates - No longer providing IIID service
 - i. HCBS
 - ii. SCA
 - iii. IIIB
 - iv. Private Pay
 - c. Home Health Program Updates
 - i. Quality Assurance activities
 - ii. Physical Therapy

- d. Purpose of Advisory Board
 - i. Review agency by-laws
 - ii. Advice on professional issues
 - iii. Evaluation of professional service program
 - iv. Assistance in maintaining liaison with other community groups
- e. Personnel updates
 - i. Staffing updates
- f. Budget information

VIII. Schedule next meeting: Tuesday, April 27, 2016 at noon.

Harper County LEPC ANNUAL Meeting
Local Emergency Planning Committee – LEPC
Wednesday, January 27, 2016
3:00 – 4:00 p.m.
Harper County Health Department Conference Room
Agenda

- I. Introductions**
- II. Review January 27, 2016 Agenda**
- III. Review October 28, 2015 Minutes**
- IV. Election of Officers for 2016 (Chair & Vice Chair) as per by-laws**
- V. Ebola PHEP Grant - review PPE needs - Sherry**
- VI. Update TEPW/Review TEPW progress**
 - a. Active Shooter training/exercise with USD 361 – Doug Murphy**
 - b. EOC Activation -EM**
 - c. County Functional Exercise - scheduled for 2/11/2016 10am – 2 pm – Sherry/Virginia**
- VII. South Central Kansas Health Care Coalition activity update – Virginia**
- VIII. Regional Homeland Security Council Update - EM**
- IX. EOP/COOP/HMP (Emergency Operations Plan/Continuity of Operations Plan/Hazard Mitigation Planning)**
 - a. Review ESF roles and responsibilities –**
 - i. ESF – 8 – Review ESF8 Disaster Recovery TTX Exercise conducted March 18, 2015: Review AAR - HCHD/HH#5/AMC – most actions have been addressed during prior LEPC meetings for the 3/18/2015 TTX Exercise. A new AAR will be developed following the 2/11/2016 functional exercise.**
 - ii. ESF – 8 Ebola TTX on Wednesday, January 20, 2016 - review**
 - iii. 2015-2016 PHEP Grant Requirements**
 - 1. Review MFM SOG & training needs and gaps (BOLD)**
 - 2. Review Mass Care Resource Guide**
 - 3. Review Responder Health & Safety (CHEMPACK/CESSL training and how to request/access for ESF8 -BOLD)**
 - iv. ESF updates – EM**
 - v. Agency COOP plan reviews for Kansas Planner Website**
 - b. Hazard Mitigation Plan & EOP current & approved– EM**
 - c. Review Harper County EOP assignments & plan – EM**
- X. County Wide Action Areas**
 - a. 911 Communications Update – Trish Glover**
 - b. Increase Private Sector/Volunteer Involvement in LEPC –EM**
 - c. 2016 Community Health Needs Assessment**
- XI. Set Next Meeting Wednesday, April 27, 2016 at 3:00 pm**
- XII. Adjourn**

Southcentral Kansas Coalition for Public Health

Serving Barber, Comanche, Edwards, Harper, Kingman, Kiowa, and Pratt Counties

Working Together for Healthy People and Strong Communities

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Pratt, KS 67124
Phone 620-672-4135
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President: Debra McGraw
Secretary: Sherry Houston
Women's Health Coordinator: Cindy Chrisman-Smith
WIC Coordinator: Mitzi Hesser

Executive Board Meeting Agenda

Friday, February 5, 2016; 9:00 am – 11:00 am

Pratt City Fire Department, 201 S. Jackson, Pratt, KS 67124

- | | | |
|---------------|---|--------------|
| 9:00 am | Call meeting to order; review /approve minutes from 10/2/2015 meeting; review approve 2/5/2016 agenda. Election of Executive Board officers for 2016. | Steve Garten |
| 9:30 – 9:45 | FP report | Cindy |
| 9:45– 10:00 | WIC report | Mitzi |
| 10:00-10:15 | PHEP | Virginia |
| 10:15 – 10:30 | County reports | All |
| 10:30 – 11:00 | Breakout between Health Departments and Commissioners to network on current issues. Other board members welcome to join either group for discussion or leave if they need to. | |

Executive Board Meetings for 2016:

Friday, **February 5**, 2016 (Pratt)
Friday, **May 6**, 2016 (Barber)
Friday, **July 1**, 2016 (Pratt)
Friday, **October 7**, 2016 (Pratt)